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FAEGRE & BENSON, LLP			EXAMINER	
32469			RAPILLO, KRISTINE K	
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90 SOUTH SEVENTH STREET			3626	
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

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<b>Office Action Summary</b>	<b>Application No.</b> 10/789,636	<b>Applicant(s)</b> ROSSINNI ET AL.
	<b>Examiner</b> KRISTINE K. RAPILLO	<b>Art Unit</b> 3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --  
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If no period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

1) Responsive to communication(s) filed on 29 August 2008.  
 2a) This action is FINAL.      2b) This action is non-final.  
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

4) Claim(s) 1- 14, 16 - 26, and 28 is/are pending in the application.  
 4a) Of the above claim(s) 15 and 27 is/are withdrawn from consideration.  
 5) Claim(s) \_\_\_\_\_ is/are allowed.  
 6) Claim(s) 1- 14, 16 - 26, and 28 is/are rejected.  
 7) Claim(s) \_\_\_\_\_ is/are objected to.  
 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

9) The specification is objected to by the Examiner.  
 10) The drawing(s) filed on 26 February 2008 is/are: a) accepted or b) objected to by the Examiner.  
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
 a) All    b) Some \* c) None of:  
 1. Certified copies of the priority documents have been received.  
 2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

1) Notice of References Cited (PTO-892)  
 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)  
 3) Information Disclosure Statement(s) (PTO/SB/08)  
 Paper No(s)/Mail Date 7/19/2004; 11/9/2005; 2/6/2008

4) Interview Summary (PTO-413)  
 Paper No(s)/Mail Date. \_\_\_\_\_.  
 5) Notice of Informal Patent Application  
 6) Other: \_\_\_\_\_

**DETAILED ACTION**

***Notice to Applicant***

1. This communication is in response to the amendment filed August 29, 2008. Claims 1, 8 – 13, 19, 21 – 22, and 24 are amended. Claims 15 and 27 are cancelled. Claim 28 is new. Claims 1 – 14, 16 – 26, and 28 are presented for examination.

***Claim Objections***

2. Claim 1 objected to because of the following informalities: The limitation "...from a second implantable medical device" is repeated in the claim ("from a second implantable medical device from a second implantable medical device"). Appropriate correction is required.

***Claim Rejections - 35 USC § 112***

3. The 35 USC 112, 2<sup>nd</sup> paragraph is hereby withdrawn based upon the amendment submitted August 29, 2008.

***Claim Rejections - 35 USC § 101***

4. 35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.
5. Claims 11 – 14 and 18 – 22 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter. The claims recited contain a communication network, however, there is no particular machine nor do the claims execute a transformation. The method steps recited in the body of claim 1, for instance, could reasonably be interpreted to encompass a human being performing these steps.

***Claim Rejections - 35 USC § 103***

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

7. This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

8. Claims 1 – 10 and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bardy (U.S. Patent Number 6,607,485) in view of Norris et al., herein after Norris (U.S. Patent Number 6,669,631), further in view of Webb (U.S. Patent Number 6,644,322).

In regard to claim 1 (Currently Amended), Bardy teaches a system for delivering and gathering medical information, the system comprising:

a medical data set, wherein the medical data set includes at least a first data set for a first patient derived from a first implantable medical device of a first implantable medical device type, and a second data set for a second patient derived from a second implantable medical device from a second implantable medical device type (Figures 7 and 8; column 10, lines 33 – 50 and column 10, line 59 through column 11, line 7);

a server, wherein the server includes a processor and a computer readable medium, and wherein the computer readable medium includes instructions executable by the processor (Figure 3; column 6, line 39 through column 7, line 9) to:

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identify a portion of the first data set for review (Abstract; Figures 8, 9, and 10A; column 7, lines 42 – 45 and column 8, lines 40 – 47);

store the combined analysis of the first data set (column 8, lines 48 – 65).

Bardy fails to teach a system comprising: identify a review group by selecting from a collection of review group members capable of receiving the portion of the first data set under review through a communications network and returning an analysis of the portion of the first data set under review, wherein the review group includes a first member and a second member; provide the portion of the first data set to the first and second members of the review group; receive a first analysis of the portion of the first data set from the first member of the review group and a second analysis of the portion of the first data set from the second member of the review group; and normalize the first and second analyses to provide a combined analysis of the first data set.

Norris teaches a system comprising:

identify a review group by selecting from a collection of review group members capable of receiving the portion of the first data set under review through a communications network (column 5, lines 37 – 50) and returning an analysis of the portion of the first data set under review, wherein the review group includes a first member and a second member (column 5, lines 37 – 50 and column 11, lines 25 – 45) where a first and second member can be a general practitioner and an expert or specialist in the field;

provide the portion of the first data set to the first and second members of the review group (column 5, lines 37 – 50); and,

receive a first analysis of the portion of the first data set from the first member of the review group and a second analysis of the portion of the first data set from the second member of the review group (column 5, lines 37 – 50 and column 11, lines 25 – 50).

Norris fails to teach a system comprising normalize the first and second analyses to provide a combined analysis of the first data set.

Webb teaches a system comprising normalize the first and second analyses to provide a combined analysis of the first data set (column 11, lines 18 – 32).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system comprising normalize the first and second analyses to provide a combined analysis of the first data set as taught by Webb, within the system of Bardy and Norris, with the motivation of providing a tool to allow information to be translated into a format that can be readily understood by the user (column 7, line 52 through column 8, line 15).

In regard to claim 2, (Original), Bardy, Norris, and Webb teach the system of claim 1. Norris further teaches a system wherein the medical data set further includes at least one of a first physician provided objective data and a first physician provided subjective data associated with the first data set, and at least one of a second physician provided objective data and a second physician provided subjective data associated with the second data set (column 11, lines 25 – 45). Norris describes a system in which both objective and subjective data is gathered and input into a database to allow amore thorough analysis and diagnosis.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the medical data set further includes at least one of a first physician provided objective data and a first physician provided subjective data associated with the first data set, and at least one of a second physician provided objective data and a second physician provided subjective data associated with the second data set as taught by Norris with the motivation of providing a system which communicates data to a medical information network which is able to deliver clinical tools to a caregiver to assist in improved patient care (column 5, lines 8 - 17).

In regard to claim 3 (Original) Bardy, Norris, and Webb teach the system of claim 1. Norris further teaches a system wherein the analysis is a medical diagnosis, and wherein the at least one member of the review group is selected from a group consisting of: a specialist versed in providing the medical diagnosis based at least in part on the portion of the medical data set under review (column 11, lines 34 – 45), and a physician versed in providing the medical diagnosis based at least in part on the portion of the medical data set under review (column 11, lines 34 – 45).

The motivation to combine the teachings of Norris and Bardy is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 4 (Original), Bardy, Norris, and Webb teach the system of claim 1. Bardy further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor (Figure 3; column 3, lines 11 - 22).

Bardy fails to teach a system wherein the computer readable medium includes instructions to receive a third data set derived from a third implantable medical device; compare at least a portion of the third data set with a corresponding portion of the first data set and a corresponding portion of the second data set, wherein it is determined that the first data set and the third data set are similar; and communicate the medical diagnosis associated with the first data set to a provider of the third data set.

Norris teaches a system wherein the computer readable medium includes instructions to receive a third data set derived from a third implantable medical device (Norris: Figure 1 and column 7, lines 34 – 38); compare at least a portion of the third data set with a corresponding portion of the first data set and a corresponding portion of the second data set, wherein it is determined that the first data set and the third data set are similar (Norris: column 16, lines 7 – 28); and communicate the medical diagnosis associated with the first data set to a provider of the third data set (Norris: column 5, lines 37 – 50). Norris discloses providing data to a centralized database which would allow all pertinent providers access to the data and diagnosis of other providers (i.e. specialists).

The motivation to combine the teachings of Norris and Bardy is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 5 (Original) Bardy, Norris, and Webb teach the system of claim 4. Norris further teaches a system wherein the provider of the third data set is selected from a group consisting of: a patient associated with the third implantable medical device (Figure 1 and column 7, lines 34 – 38), and a physician overseeing a patient associated with the third implantable medical device (Norris: column 5, lines 8 – 13).

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The motivation to combine Norris and Bardy is discussed in the rejection of claim 2 and is incorporated herein.

In regard to claim 6 (Original) Bardy, Norris, and Webb teach teaches the systems of claim 1. Norris further teaches a system wherein the first data set is converted to provide a first graphical representation, and wherein the second data set is converted to provide a second graphical representation (Norris: column 11, lines 4 – 11).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the first data set is converted to provide a first graphical representation as taught by Norris, within the system of Bardy and Norris, with the motivation of enabling a health care provider the means to review data in a more efficient manner (column 10, line 67 through column 11, line 3).

In regard to claim 7 (Original) Bardy, Norris, and Webb teach the system of claim 6. Norris further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor to: distribute an access tool to each member of the review group, wherein the access tool is operable to display the first graphical representation and the second graphical representation (Norris: column 8, lines 50 – 56).

The motivation to combine Norris and Bardy is discussed in the rejection of claim 6 and is incorporated herein.

In regard to claim 8 (Currently Amended), Bardy, Norris, and Webb teach the system of claim 7. Bardy further teaches a system wherein the first graphical representation is an electrocardiogram (column 2, lines 3 - 22).

In regard to claim 9 (Currently Amended), Bardy, Norris, and Webb teach the system of claim 1. Norris further teaches a system wherein the review group includes at least a first specialist and a second

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specialist, wherein the first and second specialists are versed in providing medical diagnosis based at least in part on information included within the data set, and wherein the analysis includes a first medical diagnosis from the first specialist and a second diagnosis from the second specialist (column 11, lines 34 – 45).

The motivation to combine the teachings of Bardy and Norris is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 10 (Currently Amended), Bardy, Norris, and Webb teach the system of claim 9. Norris further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor to:

receive a third data set derived from a third implantable medical device (Figure 1 and column 7, lines 34 – 38);

compare at least a portion of the third data set with a corresponding portion of the first data set and a corresponding portion of the second data set, wherein it is determined that the first data set and the third data set are similar (column 16, lines 7 – 28); and

communicate the first medical diagnosis and the second medical diagnosis to a provider of the third data set (column 5, lines 37 – 50).

The motivation to combine the teachings of Bardy and Norris is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 28 (New), Bardy, Norris, and Webb teach the system of claim 1. Bardy further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor (Figure 3; column 4, line 66 through column 5, line 9; column 5, lines 46 – 64; column 6, line 39 through column 7, line 9; column 7, lines 24 – 41; and column 10, lines 7 – 32).

Bardy fails to teach a system to compare the second data set to the first data set; determine whether the first data set and the second data set are similar; and communicate the combined analysis of the first data set to a provider of the second data set.

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Norris teaches a system to compare the second data set to the first data set (column 16, lines 7 – 28); determine whether the first data set and the second data set are similar (column 16, lines 7 – 28); and communicate the combined analysis of the first data set to a provider of the second data set (column 5, lines 37 – 50).

The motivation to combine the teachings of Bardy, Norris, and Webb are discussed in the rejection of claim 2, and incorporated herein.

9. Claims 11 – 14 and 16 – 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bardy (U.S. Patent Number 6,607,485) in view of Norris et al., herein after Norris (U.S. Patent Number 6,669,631).

In regard to claim 11 (Currently Amended), Bardy teaches a method for obtaining medical information feedback using a medical device information system connected to a communications network (Abstract), the method comprising the medical device information system: receiving a first data set over the communications network, the first data set originating from an implantable medical device (Figures 7 and 8; column 10, lines 7 – 32);

Bardy fails to teach a method comprising: identifying a review group associated with the first data set by selecting from a collection of reviewers capable of receiving the first data set through a communications network (column 5, lines 37 – 50) and returning an analysis of the first data set, wherein the review group includes a plurality of members; communicating the first data set to the members of the review group over the electronic communications network; receiving an analysis of the first data set from each of the members of the review group over the electronic communications network and combining the analyses of two or more of the members to provide a combined analysis for the first data set; comparing the first data set with a second data set to determine whether the first and second data sets are similar; and associating the combined analysis of the first data set with the second data set if the first and second data sets are determined to be similar.

Norris teaches a method comprising:

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identifying a review group associated with the first data set by selecting from a collection of reviewers capable of receiving the first data set through a communications network (column 5, lines 37 – 50) and returning an analysis of the first data set, wherein the review group includes a plurality of members (column 5, lines 37 – 50 and column 11, lines 25 – 45);

communicating the first data set to the members of the review group over the electronic communications network (column 5, lines 37 – 50);

receiving an analysis of the first data set from each of the members of the review group over the electronic communications network and combining the analyses of two or more of the members to provide a combined analysis for the first data set (column 5, lines 37 – 50 and column 11, lines 25 – 50);

comparing the first data set with a second data set to determine whether the first and second data sets are similar (column 16, lines 7 – 28); and

associating the combined analysis of the first data set with the second data set if the first and second data sets are determined to be similar (column 16, lines 7 – 28).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method as taught by Norris, within the method of Bardy, with the motivation of providing a system which communicates data to a medical information network which is able to deliver clinical tools to a caregiver to assist in improved patient care (column 5, lines 8 -17).

In regard to claim 12 (Currently Amended), Bardy and Norris teach the method of claim 11. Bardy further teaches wherein the analysis is a medical diagnosis (column 12, lines 41 - 49).

Bardy fails to teach a method wherein the at least one member of the review group is a specialist versed in providing the medical diagnosis based at least in part on the first data set.

Norris teaches a method wherein the at least one member of the review group is a specialist versed in providing the medical diagnosis based at least in part on the first data set (Norris: column 11, lines 25 – 45).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11 and is incorporated herein.

In regard to claim 13 (Currently Amended), Bardy and Norris teach the method of claim 12. Bardy further teaches a method wherein the implantable medical device is a first implantable medical device (Abstract). Bardy fails to teach a method wherein the method further comprises: receiving a second data set originating from a second implantable medical device; and communicating the medical diagnosis associated with the first data set to a provider of the second data set.

Norris teaches a method wherein the method further comprises: receiving a second data set originating from a second implantable medical device (Norris: Figure 1 and column 7, lines 34 - 38); and communicating the medical diagnosis associated with the first data set to a provider of the second data set (Norris: column 5, lines 37 - 50).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11 and is incorporated herein.

In regard to claim 14 (Original) Bardy and Norris teach the method of claim 13. Norris further teaches a method wherein the provider of the second data set is selected from a group consisting of: a patient associated with the second implantable medical device (Norris: Figure 1 and column 7, lines 34 – 38), and a physician overseeing a patient associated with the second implantable medical device (Norris: column 5, lines 8 – 13).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 16 (Previously Presented) Bardy and Norris teach the method of claim 27. Norris further teaches a method further comprising: distributing an access tool to each member of the review group, wherein the access tool is operable to display the first graphical representation and the second graphical representation (Norris: column 8, lines 50 – 56).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 17 (Currently Amended) Bardy and Norris teach the method of claim 27. Bardy further teaches a method, wherein the first graphical representation is an electrocardiogram (column 2, lines 3 – 22).

In regard to claim 18 (Original) Bardy and Norris teach the method of claim 11. Norris further teaches a method wherein the data set is stripped of identification information prior to communicating the data set to the at least one member of the review group (column 5, lines 40 – 42). As is old and well known, government and international database repositories are stripped of patient identifying information when used to educate the public.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method wherein the data set is stripped of identification information prior to communicating the data set to the at least one member of the review group as taught by Norris, within the method of Bardy, with the motivation of providing a tool to aid health care providers in medical diagnosis (column 12, lines 47 – 57).

In regard to claim 19 (Currently Amended), Bardy teaches the method of claim 11, wherein the first data set is received from a source selected from a group consisting of: a programmer (column 2, lines 5 – 22). Bardy fails to teach a method consisting of a bedside monitor and a mobile monitor.

Norris teaches a method consisting of a bedside monitor (column 8, lines 7 - 16), and a mobile monitor (column 8, lines 7 - 16).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 20 (Original) Bardy and Norris teach the method of claim 11. Norris further teaches a method wherein the review group includes at least a first specialist and a second specialist, wherein the first and second specialists are versed in providing medical diagnosis based at least in part on information

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included within the data set, and wherein the analysis includes a first medical diagnosis from the first specialist and a second diagnosis from the second specialist (Norris: column 11, lines 225 – 45 and column 15, lines 15 – 29).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 21 (Currently Amended), Bardy and Norris teach the method of claim 20. Norris further teaches a method wherein the data set is a first data set, wherein the implantable medical device is a first implantable medical device, and wherein the method further comprises: receiving the second data set originating from a second implantable medical device (Norris: Figure 1 and column 7, lines 34 – 38); and communicating the first medical diagnosis and the second medical diagnosis to a provider of the second data set (Norris: column 5, lines 37 – 50).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 22 (Currently Amended) Bardy and Norris teach the method of claim 11. Norris further teaches a method further comprising: augmenting the first data set to create an augmented data set, wherein the augmented data set includes at least one of a physician provided objective data and a physician provided subjective data (column 11, lines 25 – 45).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 23 (Original) Bardy and Norris teach the method of claim 22. Norris further teaches a method wherein the analysis is a medical diagnosis based at least in part on the augmented data set (column 11, lines 25 – 45).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 24 (Currently Amended), Bardy teaches a system for distributing medical data, the system comprising:

a medical data database, wherein the medical data database includes a first data set originated from an implantable medical device (Abstract; Figures 3, 7, 8; column 3, lines 11 – 44) and a second data set originated from the implantable medical device (Abstract; Figures 3, 7, 8; column 3, lines 11 – 44 and column 8, lines 48 – 65);

a server, wherein the server includes a processor and a computer readable medium, and wherein the computer readable medium includes instructions executable by the processor (Figure 3 and column 6, line 39 through column 7, line 9) to:

access the first data set and the second data set from the medical data database (column 7, lines 42 – 57 and column 12, lines 41 – 49); and

receive a medical analysis of the first data set from the first plurality of reviewers across the communications network and a medical analysis of the second data set from the second plurality of reviewers across the communications network (column 5, lines 37 – 50 and column 11, lines 25 - 50);

Bardy fails to teach a system comprising receive a request for medical data, wherein the request includes an indication of the implantable medical device; communicate the first data set to a first plurality of reviewers across a communication network and the second data set to a second plurality of reviewers across the communication network; combine the medical analyses of the first data set into a first combined analysis; and, combine the medical analyses of the second data set into a second combined analysis.

Norris teaches a system comprising:

receive a request for medical data, wherein the request includes an indication of the implantable medical device (Figure 8) where the Patient Status Indicator illustrates the indication of an IMD;

communicate the first data set to a first plurality of reviewers across a communication network (column 5, lines 37 – 50 and column 6, lines 41 – 45) and the second data set to a second plurality of

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reviewers across the communication network (column 5, lines 37 – 50, column 6, lines 41 – 45, and

column 11, lines 25 –45); and,

combine the medical analyses of the first data set into a first combined analysis (column 16, lines 7 – 28); and,

combine the medical analyses of the second data set into a second combined analysis (column 16, lines 7 – 28).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 25 (Currently Amended), Bardy and Norris teach the system of claim 24. Bardy further teaches a system wherein the implantable medical device is implanted in a patient, and wherein the reviewer is a physician of the patient in which the medical device is implanted (column 2, lines 3 – 22 and column 12, lines 20 – 39).

In regard to claim 26 (Original) Bardy and Norris teach the system of claim 24. Norris further teaches a system wherein the first data set is converted to provide a first graphical representation, and wherein the second data set is converted to provide a second graphical representation (Norris: column 11, lines 4 – 11).

The motivation to combine the teachings of Bardy and Norris is discussed in the rejection of claim 6, and incorporated herein.

#### ***Response to Arguments***

10. Applicant's arguments filed August 29, 2008 have been fully considered but they are not persuasive. Applicant's arguments will be addressed herein below in the order in which they appear in the response filed August 29, 2008.

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11. In response to the applicant argument, it is respectfully submitted that the Examiner has applied new prior art to the claims. The Examiner notes that Applicant's remarks with regard to the application of Snell and Norris is moot in light of the addition of the Bardy and Webb references.

***Conclusion***

12. Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Luke Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

KKR

/Robert Morgan/  
Primary Examiner, Art Unit 3626